



To: MHSOAC Staff

Date: January 2, 2008

From: Danial Leahy

Telephone: 916-445-8727

Subject: Travel Expense Worksheet

Please provide the information requested on this worksheet and enclose the requested receipts.

1. Date you departed: _____
2. Destination _____
3. Time you departed: _____
4. Date you returned: _____
5. Time you arrived: _____
6. If you drove, what address
did you travel from? _____

7. Purpose of trip? _____

Check list of receipts:

- ☐ Airline ticket (original ticket required or itinerary receipt)
- ☐ Hotel folio (folio/receipt should have zero balance)
- ☐ Parking receipts
- ☐ Taxi or shuttle receipts
- ☐ Gas or toll receipts

Meal expenses:

Are you claiming **less** than the authorized per diem rate? ☐ Yes ☐ No
If yes, please list what meal(s).

DANIAL LEAHY
Travel Claim Coordinator